

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM TATE OF HAWAII

(Type or Print Clearly) PARTI LOBBYIST (NAME (Last) (First) (Middle) **TELEPHONE** (808) 589-1156 Galvez Miguel MAILING ADDRESS (Street) FAX (808) 589-1404 1350 S. King. St. Ste. 309 **EMAIL** mgalvez@pphi.org (City) (State) (Zip Code) 96814 HI Honolulu **TELEPHONE** EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) MAILING ADDRESS (Street) FAX **EMAIL** (Zip Code) (City) (State)

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU	TELEPHONE			
Planned Parenthood of I	(808) 589-1156 FAX (808) 589-1404			
MAILING ADDRESS (Street)				
1350 S. King St., Ste. 309		EMAIL		
(City)	(State)	(Zip Code)		
Honolulu	HI	96814		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE		
Andrea Anderson		(808) 589-1156		
MAILING ADDRESS (Street)		FAX (808) 589-1404		
1350 S. King St., Ste. 309		EMAIL aanderson@pphi.org		
(City)	(State)	(Zip Code)		
Honolulu	HI .	96814		

	 			
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & WaterUse Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	Notes	
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PART IV CERTIFICATION	ON OF LOBBYIST			
I hereby certify that th	e information furnished abov	e_is, to the best of my knowled	dge, correct and complete.	
Must 1 5 - 10/30/2013				
- 100 (J				
	(Signature of Lobbyist)		(Date)	
NAME	PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
, AND THE STATE OF		THE OF AUTHORIZING OFFICE	ER OR FLAGON REFRESENTED	
Andrea Ander	20N	CEO		
NAME OF ORGANIZATION (if a			TELEPHONE	
			onal 600 1151.	
Planned Parenthood of Howaii			808)589-1156	
MAILING ADDRESS (Street)			8081589-1404	
1250 8 1/2 81 81 200			MAIL	
1350 S.Kling S		<i></i>	Don Verson left in ord	
(City)	(State)		(Zip Code)	
Honolulu	HI		96814	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
thedden Medalle 11/1/13				
(Signature of Authorizing Officer or Person Represented)			(Date)	